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Attorney Docket: M015/2193P

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CERTIFICATE OF MAILING

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Grace Alicea

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: August 22, 2002

HUSHER

Serial No: 10/034,184

Group Art Unit: 2826

Filed: Dec. 28, 2001

Examiner: Williams, Alexander O.

For: BURIED POWER BUSS FOR HIGH CURRENT, HIGH POWER  
SEMICONDUCTOR DEVICES AND A METHOD FOR PROVIDING THE  
SAME

Assistant Commissioner for Patents  
Washington, D.C. 20231

**RESTRICTION RESPONSE**

Sir:

In response to the Office Action dated July 24, 2002, please enter the following remarks  
and amendments into the above-referenced application:

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2826

TRANSMITTAL FORM

Attorney Docket No.

M015/2193P

In re the application **HUSHER** COPY OF PAPERS  
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Serial No: **10/034,184**

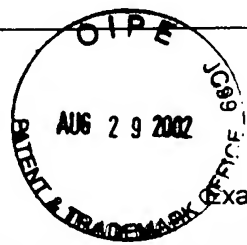
Filed: **Dec. 28, 2001**

Date: **August 22, 2002**

Group Art Unit: **2826**

Examiner: **Williams, Alexander O.**

For: **BURIED POWER BUSS FOR HIGH CURRENT, HIGH POWER SEMICONDUCTOR DEVICES AND A METHOD FOR PROVIDING THE SAME**



ENCLOSURES (check all that apply)

|                                     |                                     |   |  |  |   |
|-------------------------------------|-------------------------------------|---|--|--|---|
| <input checked="" type="checkbox"/> | Restriction Response                | <input type="checkbox"/>  | Assignment and Recordation Cover Sheet           | <input type="checkbox"/>                                     | After Allowance Communication to Group                            |
| <input type="checkbox"/>            | After Final                         | <input type="checkbox"/>  | Part B-Issue Fee Transmittal                     | <input type="checkbox"/>                                     | Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/>            | Information disclosure statement    | <input type="checkbox"/>  | Letter to Draftsman                              | <input type="checkbox"/>                                     | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/>            | Form 1449                           | <input type="checkbox"/>  | Drawings   | <input type="checkbox"/>                                     | Status Letter   |
| <input type="checkbox"/>            | (X) Copies of References            | <input type="checkbox"/>  | Petition   | <input checked="" type="checkbox"/>                          | Postcard  |
| <input type="checkbox"/>            | Extension of Time Request *         | <input type="checkbox"/>  | Fee Address Indication Form                      | <input type="checkbox"/>                                     | Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/>            | Express Abandonment                 | <input type="checkbox"/>  | Terminal Disclaimer                              | <div>RECEIVED<br/>SEP 5 2002<br/>TECHNICAL CENTER 2800</div> |   |
| <input type="checkbox"/>            | Certified Copy of Priority Doc      | <input type="checkbox"/>  | Power of Attorney and Revocation of Prior Powers |  |   |
| <input type="checkbox"/>            | Response to Incomplete Appln        | <input type="checkbox"/>  | Change of Correspondence Address                 |  |   |
| <input type="checkbox"/>            | Response to Missing Parts           | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to . |  |  |   |
| <input type="checkbox"/>            | Executed Declaration by Inventor(s) |   |  |  |   |

CLAIMS

| FOR                | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE    | FEE     |
|--------------------|----------------------------------|---|--------------|---------|---------|
| Total Claims       | 0                                | 0                                       | 0            | \$18.00 | \$ 0.00 |
| Independent Claims | 0                                | 0                                       | 0            | \$84.00 | \$ 0.00 |
| Total Fees         |                                  |   |              |         | \$ 0.00 |

METHOD OF PAYMENT

|                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.                                     |
| <input type="checkbox"/>            | Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.                        |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. <b>02-2120</b> (Sawyer Law Group). |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|               |  |
|---------------|--|
| Attorney Name | Joseph A. Sawyer, Jr., Reg. No. 30,801 |
| Signature     |  |
| Date          | August 22, 2002                        |

CERTIFICATE OF MAILING

|   |              |
|---|--------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <b>August 22, 2002</b> |              |
| Type or printed name  | Grace Alicea |
| Signature   |              |